



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E432584**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

CASE #	15-01452	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 06 - 10 - 2015	1430	31		
				N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/> 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	526
91 AVE NE		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	
FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS <input type="checkbox"/>	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	UNKNOWN	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE UNKN	MODEL UNKNO	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS <input type="checkbox"/>	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	ARU3386	STATE WA	VIN# KMHCT4AE9DU331627
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2013	MAKE HYUN	MODEL ACCENT	STYLE SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ANTHONY COOPER 14 117TH ST NE MARYSVILLE WA 98271	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # UNKNOWN	CITATION #	CHARGE
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OFFICER'S NAME (PRINT) ROBERT MINER	BADGE OR ID # 095	AGENCY WA0311900
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STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO.

E432584

CASE #

15-01452

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit #1 was parked in the parking lot of 526 91 AVE NE. The driver, Jamie E. Cooper parked the car in the lot at around 1430 hours. She returned to the vehicle at around 1715 hours. The vehicle was driven home and damage to the rear of the car was found. I did not witness the scene of the incident for she walked into the police department to report the incident. I did witness see damage to the the rear bumper of the vehicle while it was at the police department.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-11-15 01:07 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

6/11/2015 1:08:03 PM

BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	12:11 PM	TIME POLICE ARRIVED	12:11 PM
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DID NOT OBSERVE. REPORTED AT THE POLICE DEPARTMENT AS A WALK IN

Incident History for: #SS15011451

Case Numbers: \$SS15001452

Entered 06/11/15 12:11:24 BY SPDP17 SP0168
Dispatched 06/11/15 12:11:24 BY SPDP17 SP0168
Enroute 06/11/15 12:11:24
Onscene 06/11/15 12:11:24
Closed 06/11/15 12:24:38

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src

Loc: 526 91 AV NE , LKS -- NEW COUNTRY GRILL btwn MARKET PL & SR 204 (V)

Loc Info:

Name:	Addr:	Phone:
/1211 (SP0168) \$OUTSRV	, NO MORE INFORMATION	
/1211 DISPOS 19S13	#SS95 MINER, SGT (ROBERT)	
	, NO MORE INFORMATION	
/1211 MISC 19S13	, WALK IN	
/1211 CHANGE	LOC: LKS PD --> 2211 GRADE RD , LKS,	
	BLK: --> SS001	
/1214 ASNCAS 19S13	\$SS15001452	
/1224 CLEAR 19S13	D/H	
/1224 CLOSE 19S13		
/1225 CHANGE	LOC: 2211 GRADE RD , LKS --> 526 91 AV NE , LKS,	
	BLK: SS001 --> SS002,	
	TXT: HIT & RUN	